

STIC Database Tracking Number:

To: Natalie Pass
Location: KNOX 05 A41
Art Unit: 3686
Date: 09/02/09
Case Serial Number: 09/921,654

From: Paul Obiniyi
Location: EIC3600
KNX 04 B68/ Rm04 B71
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Search Notes

Dear Examiner Pass:

Please find attached the results of your search for the above-referenced case. The search was conducted in the template files.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

Paul

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I. Potential References of Interest

A. Dialog

21/3,K/18 (Item 7 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01428147 SUPPLIER NUMBER: 14343074 (USE FORMAT 7 OR 9 FOR FULL TEXT)
New office technology lets you get more done faster. (office automation for
physician's clinic)(includes related articles on how a new computer
system helped two surgeons; how to choose a computer-system
vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0025-7206 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 3034 LINE COUNT: 00290

... in two weeks or less. By adding a modem to your computer, you can
begin **transmitting claims**
right away, perhaps over one of your office's existing
phone lines (see page 54).
"Five...

...**edits claims and flags areas where data are missing, so that the staff**
can make corrections before
transmitting the claims to the
insurer."

Contact your major insurers for a list of vendors approved to handle
...

31/3,K/7 (Item 6 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
(c) 2009 ProQuest Info&Learning. All rights reserved.

01584940 02-35929
The check really is in the mail
Jordan, Sharon; Jewart, Tom
Nursing Homes v47n2 PP: 48-49 Feb 1998
ISSN: 1061-4753 JRNL CODE: NHS
WORD COUNT: 1397

...TEXT: Sound incredible? In Arkansas, that kind of rapid claims
processing is a reality. An electronic **medical**
claims processing system -- instituted by Electronic
Data Systems (EDS) and the Arkansas Department of Human Services...

...**in the same day, if they've been rejected because of missing information**
or an error on the claims form that

can be corrected immediately. That's because when a provider makes a submission, the claim is edited by...Medical Services, and Tom Jewart is Director, Electronic Data Systems (EDS), the fiscal agent for **medical claims** processing in Arkansas. The AEVCS system is part of a larger program for which the...

31/3,K/12 (Item 2 from file: 810)
DIALOG(R)File 810: Business Wire
(c) 1999 Business Wire . All rights reserved.

0935580 BW0077

REALMED: RealMed Announces Pilot Results; Real-time Claim Resolution Gets High Marks

November 09, 1998

Byline: Business Editors, Health/Medical Writers

...announcement in that regard in the near term," said Peterson.

Background

The RealMed Network resolves **healthcare claims** at the provider's office before the patient leaves. The patient and physician or staff...

...it is especially significant for the industry that 99.96% of our claims are error-free," Peterson explained.

"The 69 second average elapsed time includes claim times that clearly skew our...of Rheumatology Associates, in Indianapolis, Ind.

"The eligibility check does eliminate a lot of unnecessary **claims**. If the **patient** is not eligible, it means you don't have to send the claim to the...Gillespie Accounts Manager, (317) 787-1463

Fishers Immediate Care
Center, Indianapolis, Ind.

RealMed Corporation, a **healthcare claims** and resolution company, provides the nation's first on-the-spot, **computerized claim resolution and payment system. The RealMed Network is designed to re-engineer and streamline both the medical claims and the payment processing systems** used throughout the trillion-dollar U.S. healthcare industry, while...

4/3,K/3 (Item 1 from file: 997)
DIALOG(R)File 997: Newsroom 2000-2003
(c) 2009 Dialog. All rights reserved.

0615080661 164G2GSN
CMS reports home health claims processing problem
Anonymous
Healthcare Financial Management, v57, n4, p11
Tuesday, April 1, 2003

JOURNAL CODE: AJAZ LANGUAGE: English RECORD TYPE: Fulltext
DOCUMENT TYPE: Trade Journal ISSN: 0735-0732
WORD COUNT: 217

...restore the removed supply service lines so these will be reflected in home health PPS **claims** data. **RHHIs and CMS will notify providers when this error is corrected.**

Copyright **Healthcare** Financial Management Association
Apr 2003

4/3,K/4 (Item 2 from file: 997)
DIALOG(R)File 997: Newsroom 2000-2003
(c) 2009 Dialog. All rights reserved.

0350016974 15MW0JLF
Insurance Design Administrators (IDA) Contracts With OASYS To Enhance Automation-Leading New Jersey TPA To Implement OASYS Patented Automated Transaction Processing (ATP) Application Into Existing Workflow
Internet Wire
Tuesday, November 6, 2001
JOURNAL CODE: ALMV LANGUAGE: ENGLISH RECORD TYPE: Fulltext
DOCUMENT TYPE: Newswire
WORD COUNT: 683

TEXT:

...emulates and automates the human logical decision process in workflows such as provider matching, pending **claim error correction**, system updates, eligibility determination, and **medical** review. Additionally, it provides automated application to application services such as claims re-pricing and...

4/3,K/6 (Item 4 from file: 997)
DIALOG(R)File 997: Newsroom 2000-2003
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0234016531 15EN0J4L
OASYS Automates Claims Repricing Capitalizes On Network Broker Relationship For PPO Network Access
INTERNET WIRE
Tuesday, March 27, 2001
JOURNAL CODE: ALMV LANGUAGE: ENGLISH RECORD TYPE: Fulltext
DOCUMENT TYPE: Newswire
WORD COUNT: 641

...workflows. Within the health care market, ATP actually emulates the human logical decision process, including **error correction**, system updates, eligibility determination, **medical** review and **claims** repricing on a claims payer's existing system, creating very significant increases in speed and...

4/3,K/9 (Item 2 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

12634973 SUPPLIER NUMBER: 65159559 (USE FORMAT 7 OR 9 FOR FULL TEXT)
New Products & Services.(Product Announcement)
Health Management Technology, 21, 9, 66
Sept, 2000
DOCUMENT TYPE: Product Announcement ISSN: 1074-4770 LANGUAGE:
English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1547 LINE COUNT: 00136

... net
Circle 178
Electronic Claims Processing
Medi.com is an applications services provider of electronic
**claims processing services for the
healthcare industry. The service provides instant
error notification allowing
corrections to be made online before a
claim is submitted. It also interfaces with all payors,
allows online viewing of a claim's...**

4/3,K/10 (Item 3 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

07718894 SUPPLIER NUMBER: 16669229 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Alphabetical listings: how to use the 1995 Health Management Technology
market directory issue.
Health Management Technology, v16, n3, p14(64)
Feb 15, 1995
LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 66155 LINE COUNT: 05980

... CAMS) is designed to accelerate cash flow and reduce account
receivables. CAMS provides electronic media **claims**
submissions for **healthcare** institutions, patient account
folder tracking, prebilling **error**
correction, online **correction** of
prebilling edit failure/intermediary rejections, automated remittance and
allowance posting and customized reports.
ACCESS...

II. Inventor Search Results from Dialog

t/ 3,k/ all

29/3,K/1 (Item 1 from file: 349)
DIALOG(R)File 349: PCT FULLTEXT
(c) 2009 WIPO/Thomson. All rights reserved.

00879866 **Image available**

PRACTICE MANAGEMENT AND BILLING AUTOMATION SYSTEM
SYSTEME DE GESTION DES CABINETS MEDICAUX ET DE PRODUCTION AUTOMATIQUE DES
NOTES D'HONORAIRES

Patent Applicant/Assignee:

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Legal Representative:

BIANCO John V (agent), Testa, Hurwitz & Thibault, LLP, High Street
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Patent and Priority Information (Country, Number, Date):

Patent: WO 200213047 A2-A3 20020214 (WO 0213047)

Application: WO 2001US24595 20010803 (PCT/WO US0124595)

Priority Application: US 2000223235 20000804

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

Publication Language: English

Filing Language: English

Fulltext Word Count: 11596

Inventor(s):

AMAR Anshul...

...STONE Steve...

...PARK Ed,

Patent Applicant/Inventor:

Fulltext Availability:

Detailed Description

Claims

English Abstract

...by a patient to the medical practice. Prior to using the information
to create a **claim**, the **medical**

practice management server automatically and repeatedly interacts with
the information to ensure correct information by...

Detailed Description

... medical professional typically has to sift through numerous claim
acknowledgement reports to determine if the **claim** has
reached its **correct** destination.

This is a time-intensive, manual process that can be inundated with human
error...The rules database 66 includes insurance company rules that define
the appropriate format and content of **clinical** and
claim information that the payor server 18 processes.

In one embodiment, the rules are subdivided into...no human intervention.

Examples of these transactions include, without limitation, claim
submittals, claim receipt acknowledgements, **claim**
status checks, **patient** eligibility determinations,

authorization and referral requests and grants, and remittance advice. For example, a predetermined...done prior to the submission of an insurance claim to enable later submissions of more **accurate claims** (e.g., flawless claims) to the payor (step 326). Alternatively, this can be done during ...

...searches the insurance plans to create apolicyworklistforthemedicalprovider(step357). Moreover,theworkflowprocessingengine 56 copies all of the **claims** associated with that **patient** to create a **claim** worklist (step 358). This WO 02/13047 PCT/US01/24595 16 performing these tasks, any...advanced claim entry form 732 shown in Fig. 7B. The medical care provider uses the **claim** entry screen to **complete** a patient charge entry for the particular patient who had just checked out of the...

...management system 5. Also referring to Fig. 3F, when the medical care provider completes the **claim** entry form, the **medical** care provider submits the claim entry form to the server 14.

[00951 Additionally, once the medical care provider starts to receive payments for the **claims**, the **medical** practice management server 14 applies these payments against the associated charges. More specifically, the workflow ...illustrates an exemplary claim entry s'6reen 700. The claim entry screen 700 includes a **patient claim** information section 704, a procedure section 708, a hint section 712, and a non-claim resulting button 716. In one embodiment, the **patient claim** information section 704 includes information such as the claim post date field 704a, a referring...

Claim

... transmitting an error message denoting an error to the medical practice.

5 The method of **claim** 3 wherein the **correctin** action comprises correcting at least one of 9 a typographical error, a formatting error, and...

...with the payor server further comprises at least one of claim submittals, claim receipt acknowledgements, **claim** status checks, **patient** eligibility determinations, authorization and referral requests and grants., and remittance advice.

15 A medical practice...

?

III. Text Search Results from Dialog

A. Full-Text Databases

show files

File 348:EUROPEAN PATENTS 1978-200935
(c) 2009 European Patent Office
File 349:PCT FULLTEXT 1979-2009/UB= 20090827|UT= 20090709
(c) 2009 WIPO/Thomson
File 15:ABI/Inform(R) 1971-2009/Aug 31
(c) 2009 ProQuest Info&Learning
File 9:Business & Industry(R) Jul/1994-2009/Aug 31
(c) 2009 Gale/Cengage
File 610:Business Wire 1999-2009/Sep 01
(c) 2009 Business Wire.
File 810:Business Wire 1986-1999/Feb 28
(c) 1999 Business Wire
File 275:Gale Group Computer DB(TM) 1983-2009/Aug 03
(c) 2009 Gale/Cengage
File 624:McGraw-Hill Publications 1985-2009/Sep 01
(c) 2009 McGraw-Hill Co. Inc
File 621:Gale Group New Prod.Annou.(R) 1985-2009/Jul 24
(c) 2009 Gale/Cengage
File 636:Gale Group Newsletter DB(TM) 1987-2009/Aug 07
(c) 2009 Gale/Cengage
File 613:PR Newswire 1999-2009/Aug 31
(c) 2009 PR Newswire Association Inc
File 813:PR Newswire 1987-1999/Apr 30
(c) 1999 PR Newswire Association Inc
File 16:Gale Group PROMT(R) 1990-2009/Aug 07
(c) 2009 Gale/Cengage
File 160:Gale Group PROMT(R) 1972-1989
(c) 1999 The Gale Group
File 634:San Jose Mercury Jun 1985-2009/Aug 29
(c) 2009 San Jose Mercury News
File 148:Gale Group Trade & Industry DB 1976-2009/Aug 13
(c) 2009 Gale/Cengage
File 20:Dialog Global Reporter 1997-2009/Aug 31
(c) 2009 Dialog
File 256:TecTrends 1982-2009/Aug W5
(c) 2009 Info.Sources Inc. All rights res.
File 625:American Banker Publications 1981-2008/Jun 26
(c) 2008 American Banker
File 637:Journal of Commerce 1986-2009/Oct 07
(c) 2009 UBM Global Trade
File 635:Business Dateline(R) 1985-2009/Aug 31
(c) 2009 ProQuest Info&Learning
File 570:Gale Group MARS(R) 1984-2009/Aug 06
(c) 2009 Gale/Cengage
File 47:Gale Group Magazine DB(TM) 1959-2009/Aug 19
(c) 2009 Gale/Cengage
File 268:Banking Info Source 1981-2009/Aug W4
(c) 2009 ProQuest Info&Learning
File 626:Bond Buyer Full Text 1981-2008/Jul 07
(c) 2008 Bond Buyer
File 267:Finance & Banking Newsletters 2008/Sep 29

? ds

Set	Items	Description
S1	114952	(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? - OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR - ERRORLESS OR (ERROR? ? OR MISTAKE?)(2N)FREE))(3N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S2	59106	(COMPLETED OR FINISHED OR FINISH OR COMPLETE OR FILL OR FILLED)(5N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S3	2100	(S1:S2)(3N)(SUBMITTING OR SUBMIT OR SEND OR SENDING OR TRANSFER OR TRANSFERRING OR FORWARD OR FORWARDING OR PASS OR PASSING OR TRANSMIT OR TRANSMITTING)
S4	160598	(DEFECT?? OR FLAW?? OR ERROR OR FAULT?? OR FAIL??? OR IRREGULAR??? OR IMPERFECT??? OR DAMAG???) (3N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S5	5073	S4(7N)(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?)(2N)FREE))
S6	12314	(INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY OR GUARANT?R? ?)(3N) (CLAIM? ? OR NOTICE? ?)(3W)(LOSS OR PAYMENT? ? OR REQUEST? ? OR EXPECTATION? ? OR EXPECT?? OR FIL???)
S7	98	S6(7N)(SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR MINICOMPUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN()FRAMES - OR (MINI OR MICRO OR SUPER)()COMPUTER? ?)
S8	468	S6(7N)(NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKSTATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)
S9	1846608	(MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MULTI)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR - POLICY OR POLICES OR PLAN?)
S10	818879	(SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR CORRECT? OR REMED??? OR FULFIL?)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S11	845691	(INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY OR GUARANT?R? ?)(3N) (STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S12	142665	(MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT OR CLINIC?)(3N)CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?)
S13	20448	AU= (AMAR, A? OR AMAR A? OR AMAR(2N)A? OR STONE, S? OR STONE S? OR STONE(2N)S? OR PARK, E? OR PARK E? OR PARK(2N)E? OR PARK, T? OR PARK T? OR PARK(2N)T?)
S14	38	S3(10N)S4
S15	35	S3(7N)S5
S16	90	S7(7N)S8
S17	142665	(S9:S12)(7N)S12
S18	70	S17(3N)S5
S19	40	S17(3N)S3
S20	12	S15 NOT PY> 2000
S21	59	S16 NOT PY> 2000
S22	0	S21(7N)(S4:S5)
S23	0	S21(7N)(S1:S2)
S24	2	S21(7N)S12
S25	0	S21(10N)(S1:S2)

S26 32 S18 NOT PY>2000
 S27 9 S19 NOT PY>2000
 S28 41 S13 AND (S1:S2)
 S29 1 S28 AND S12
 S30 0 S20(10N)S12
 S31 41 S26 OR S27

t s24/ 3,k/ all

24/3,K/1 (Item 1 from file: 16)
 DIALOG(R)File 16: Gale Group PROMT(R)
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01917513 Supplier Number: 42443843 (USE FORMAT 7 FOR FULLTEXT)
 Chasing medical markets: INDUSTRY WILL SEE GROWTH PROPELLED BY IMAGING
 Computer Reseller News, p31
 Oct 15, 1991
 Language: English Record Type: Fulltext
 Document Type: Magazine/Journal; Trade
 Word Count: 548

... centers on the health-care market. "They generate and move paper
 and data such as **insurance claims** and
medical files."

In a recent study by **Computer**-World's database
 division, Framingham, Mass., figures show there are about 900 to 1,000...

24/3,K/2 (Item 1 from file: 635)
 DIALOG(R)File 635: Business Dateline(R)
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0106140 89-30033
 Clinics Reach Out to World of Computers
 Bellinghausen, Pat
 The Billings Gazette (Billings, MT, US), V105 N110 sD p7
 PUBL DATE: 890820
 WORD COUNT: 637
 DATELINE: Billings, MT, US

TEXT:

...clinic began doing all its accounting in-house.

Jones estimated that about half of all **insurance
 claims filed** through the
clinic are filed by **computer**.

"It does work extremely well. It's very cost-efficient. (Insurance)
 carriers like it. We...

? t/ 3,k/ all

31/3,K/1 (Item 1 from file: 349)
 DIALOG(R)File 349: PCT FULLTEXT

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00512759 ** Image available**

POINT OF SERVICE THIRD PARTY FINANCIAL MANAGEMENT VEHICLE FOR THE
HEALTHCARE INDUSTRY
SUPPORT DE GESTION FINANCIERE POUR LES PAIEMENTS PARTAGES AVEC DES TIERS AU
POINT DE SERVICE DANS LE SECTEUR DES SOINS DE SANTE

Patent Applicant/Assignee:
ONEHEALTHBANK COM INC,

Inventor(s):
BOYER Dean F,
HAMMERSLA W Edward III,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9944111 A2 19990902

Application: WO 99US4209 19990225 (PCT/WO US9904209)

Priority Application: US 9831968 19980227

Designated States:

(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)

AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GD GE GH
GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN
MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU ZW
GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH CY DE
DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR
NE SN TD TG

Publication Language: English

Fulltext Word Count: 11281

Fulltext Availability:

Detailed Description

Detailed Description

... medical problem.

This step is optional and is not required for auto
adjudication of the **patient's** claim. However, it is
beneficial
for satisfaction of both the healthcare provider's and...percentage of
claims will not be able to be auto-adjudicated.

For those claims, the **healthcare** provider 12 may
monitor the
- 25 progress of those claims that must be manually adjudicated...

...phone lines.

Generally, there are many conventional ways for the
healthcare provider to generate the **healthcare**
transaction or
claim for adjudication. The
healthcare provider 12 may have
practice administration software of the type described in the
background of the application which includes claim data entry
and submission through a **claims** processor. Typically,
the
healthcare provider 12 fills out the claim on a paper
form such
as the HCFA 1500...

...adjudicated and a
settlement transaction is transmitted to the Healthcare
Provider
At step 214, the **claim** submitted by the
healthcare
provider 12 is adjudicated and either a request for more
information or an Adjudicated Settlement...

31/3,K/2 (Item 1 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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02114912 67233360
Nachfrist Was Ist? Thinking globally and acting locally: Considering time
extension principles of the U.N. convention on contracts for the
international sale of goods in ...
Duncan, John C Jr
Brigham Young University Law Review v2000n4 PP: 1363-1411 2000
ISSN: 0360-151X JRNL CODE: BYU
WORD COUNT: 20614

...TEXT: problems in determining whether such nonpayment causes substantial
impairment of the whole contract. A Nachfrist **notice**
could require **payment** due on a particular date, with
nonpayment by that date being considered substantial impairment of...any
remedy for breach of contract. However, the buyer is not deprived thereby
of any **right** he may have to **claim**
damages for delay in performance.

CISG, supra note 1, art. 47. Article 63 provides a similar...Under Article
47(2) and 63(2), the aggrieved party is not deprived of the
right to claim
damages caused by the delay in performance, even if
additional time is extended through the Nachfrist...Schadbach, supra note
19, at 350 (suggesting Nachfrist would change the current UCC provisions
for **notice** of termination and
requests for adequate assurances). Neither the notice of
termination under 2-309(3) nor the notice...

31/3,K/3 (Item 2 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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01914419 05-65411
Market Source
Anonymous
Health Management Technology v20n10 PP: 60-64 Nov 1999
ISSN: 1074-4770 JRNL CODE: CIH
WORD COUNT: 2271

...TEXT: the 997 Functional Acknowledgement, which is the electronic report
generated by Medicare each time a **healthcare** provider
submits electronic **claims** for payment. The 997 is much
more than a simple receipt-it provides feedback about the
accuracy of each claim. For example, if a

claim contains a coding **error**, the 997 lists the problem, allowing staff to correct and resubmit problem claims almost immediately...for healthcare information exchange, which together will automatically interpret and translate medical procedures into any **medical claims** coding format or method required by the claims payer.-CitX Corp.

31/3,K/4 (Item 3 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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01822002 04-72993
Don't tell juries about statutory damage caps: The merits of nondisclosure
Kang, Michael S
University of Chicago Law Review v66n2 PP: 469-493 Spring 1999
ISSN: 0041-9494 JRNL CODE: UCL
WORD COUNT: 12271

...TEXT: J Contemp L 217 (1995); Stephen K. Meyer, Comment, The California Statutory Cap on Noneconomic **Damages** in **Medical Malpractice Claims**: Implications on the **Right** to a Trial by Jury, 32 Santa Clara L Rev 1197 (1992); Marco de Sa...

31/3,K/5 (Item 4 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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01764726 04-15717
The insurance refund request: A legal analysis
Rollman, Sarah O
Healthcare Financial Management v52n12 PP: 52-54 Dec 1998
ISSN: 0735-0732 JRNL CODE: HFM
WORD COUNT: 2182

...TEXT: because of the mistaken payment, cannot have induced the mistaken payment, and cannot have had **notice** of the mistaken **payment**. n These conditions mean that the healthcare provider was an innocent third party in that...that led to the overpayment, says simply that the provider should submit an accurate claim. **Submitting** an inaccurate claim essentially is making a misrepresentation. A misrepresentation, whether intentional or negligent, constitutes...

...refund the payment because the provider had had no part in inducing the mistaken payment.

Notice of the mistaken **payment**.
Finally, the provider cannot have known (had **notice**) before receiving **payment** that the insurer was not obligated to pay the mistaken or inaccurate claim. For example...
...a claim, such as that the claim form is missing necessary information or that the **medical** necessity of a **claim** has not been evaluated. Because the insurer knows (or should know) that it cannot fully...

31/3,K/6 (Item 5 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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01657725 03-08715
Calling off the bounty hunters: Discrediting the use of alleged
anti-kickback violations to support civil false claims actions
Phelps, Lisa Michelle
Vanderbilt Law Review v51n4 PP: 1003-1047 May 1998
ISSN: 0042-2533 JRNL CODE: AVLRL
WORD COUNT: 21062

...TEXT: the False Claims Act is used expansively to protect the government
from paying on fraudulent **claims**. Further,
health care fraud, undeniably, is a
tremendous problem, and the government needs effective tools to combat this
...fraud to a wider range of contractor conduct").

45. Qui Tam Plaintiffs Often Arguing False **Claims**
Violation, Attorney Says, **Health Care**
Daily (BNA) (June 12, 1996). The same critics concede, however, that these
actions are surviving...784, 787 (S.D. Miss. 1980) (finding no inference of
fraud from mere submission of **claim** for necessary
medical services even when plaintiff alleged
physiciandefendant had submitted **claims** when no
medical license was properly filed with the state). 144.
See United States ex rel. Weinberger v...

31/3,K/7 (Item 6 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
(c) 2009 ProQuest Info&Learning. All rights reserved.

01584940 02-35929
The check really is in the mail
Jordan, Sharon; Jewart, Tom
Nursing Homes v47n2 PP: 48-49 Feb 1998
ISSN: 1061-4753 JRNL CODE: NHS
WORD COUNT: 1397

...TEXT: Sound incredible? In Arkansas, that kind of rapid claims
processing is a reality. An electronic **medical**
claims processing system -- instituted by Electronic
Data Systems (EDS) and the Arkansas Department of Human Services...

...in the same day, if they've been rejected because of missing information
or an **error** on the **claims** form that
can be **corrected** immediately. That's because when a
provider makes a submission, the claim is edited by...Medical Services, and
Tom Jewart is Director, Electronic Data Systems (EDS), the fiscal agent for
medical claims processing in
Arkansas. The AEVCS system is part of a larger program for which the...

31/3,K/8 (Item 7 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
(c) 2009 ProQuest Info&Learning. All rights reserved.

00747713 93-96934
Managing P/C health care costs
Hatherley, James A
Best's Review (Life/Health) v94n4 PP: 47-49 Aug 1993
ISSN: 0005-9706 JRNL CODE: BIH
WORD COUNT: 1975

...TEXT: which can control medical costs without sacrificing quality care. Seventy percent of incoming workers' compensation **claims** involve **medical** care only. Programs and procedures that reduce bills to the appropriate charges or that target...or discovered through litigation, leaving no opportunity to control or influence medical costs or other **damages**. Even when a **claim** is promptly reported, the claimant has the **right** to pursue the level of medical care consistent with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.

Because damages arising from general liability **claims** are fault-based, **medical** costs become part of the overall damages and are adjusted and paid when the case...

31/3,K/9 (Item 8 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
(c) 2009 ProQuest Info&Learning. All rights reserved.

00736196 93-85417
Renewal commissions and other income items as gifts to charity at death
Leimberg, Stephan R; Huber, Melvyn Jay
Journal of the American Society of CLU & ChFC v47n4 PP: 80-96 Jul 1993
ISSN: 0742-9517 JRNL CODE: CLU
WORD COUNT: 14967

...TEXT: common types of IRD are compensation, investment income, and sales proceeds. Other common examples are **damage claims**, alimony arrears, **medical** reimbursement **rights**, and trust or estate income distributed to a beneficiary after the beneficiary's death.

31/3,K/10 (Item 9 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
(c) 2009 ProQuest Info&Learning. All rights reserved.

00717820 93-67041
Managing P/C health care costs
Hatherly, James A
Best's Review (Prop/Casualty) v94n2 PP: 47-49+ Jun 1993
ISSN: 0161-7745 JRNL CODE: BIP
WORD COUNT: 1994

...TEXT: which can control medical costs without sacrificing quality care. Seventy percent of incoming workers' compensation **claims** involve **medical** care only. Programs and procedures that reduce bills to the appropriate charges or that target...or discovered through litigation, leaving no opportunity to control or influence medical costs or other **damages**. Even when a **claim** is promptly reported, the claimant has the **right** to pursue the level of medical care consistent with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.

Because damages arising from general liability **claims** are fault-based, **medical** costs become part of the overall damages and are adjusted and paid when the case...

31/3,K/12 (Item 2 from file: 810)
DIALOG(R)File 810: Business Wire
(c) 1999 Business Wire . All rights reserved.

0935580 BW0077

REALMED: RealMed Announces Pilot Results; Real-time Claim Resolution Gets High Marks

November 09, 1998

Byline: Business Editors, Health/Medical Writers

...announcement in that regard in the near term," said Peterson.

Background

The RealMed Network resolves **healthcare claims** at the provider's office before the patient leaves. The patient and physician or staff...

...it is especially significant for the industry that 99.96% of our claims are error-free," Peterson explained.

"The 69 second average elapsed time includes claim times that clearly skew our...of Rheumatology Associates, in Indianapolis, Ind.

"The eligibility check does eliminate a lot of unnecessary **claims**. If the **patient** is not eligible, it means you don't have to send the claim to the...Gillespie Accounts Manager, (317) 787-1463

Fishers Immediate Care
Center, Indianapolis, Ind.

RealMed Corporation, a **healthcare claims** resolution company, provides the nation's first on-the-spot, computerized claim resolution and payment system. The RealMed Network is designed to re-engineer and streamline both the medical claims and the payment processing systems used throughout the trillion-dollar U.S. healthcare industry, while...

31/3,K/13 (Item 1 from file: 275)
DIALOG(R)File 275: Gale Group Computer DB(TM)
(c) 2009 Gale/Cengage. All rights reserved.

02349970 SUPPLIER NUMBER: 57594849 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Market Source.
Health Management Technology, 20, 10, 60
Nov, 1999
ISSN: 1074-4770 LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 1903 LINE COUNT: 00175

... the 997 Functional Acknowledgement, which is the electronic report generated by Medicare each time a **healthcare** provider submits electronic **claims** for payment. The 997 is much more than a simple receipt-it provides feedback about the **accuracy** of each claim. For example, if a **claim** contains a coding **error**, the 997 lists the problem, allowing staff to correct and resubmit problem claims almost immediately...

...for healthcare information exchange, which together will automatically interpret and translate medical procedures into any **medical claims** coding format or method required by the claims payer.--CitX Corp.
For more information circle...

31/3,K/14 (Item 2 from file: 275)
DIALOG(R)File 275: Gale Group Computer DB(TM)
(c) 2009 Gale/Cengage. All rights reserved.

02162326 SUPPLIER NUMBER: 20426469 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Obstacles to ubiquity: EDI's slow acceptance. (electronic data interchange in the health care industry) (includes related articles on Blue Cross Blue Shield of Massachusetts' use of EDI, on a social worker's use of InStream's Therapist Helper electronic commerce software, and on EDI terminology) (Technology Information)
Cupito, Mary Carmen
Health Management Technology, v19, n4, p30(5)
March, 1998
ISSN: 1074-4770 LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 3867 LINE COUNT: 00314

... users who are less sophisticated have a higher percentage of expenses."

Historically, EDI systems in **health** care focused on claims payment. They worked in one direction, from provider to payer. Almost...will enable business partners to share information electronically.

But the adoption of EDI in health **care claims** processing remains low. Weinberger and other members of clearinghouses are betting that when health organizations...use the systems free interactive telephone system. They use touch-tone phones to electronically submit **claims**, verify **patient** eligibility for the company's indemnity and

managed care plans, request and verify referrals and...

...payments, keep his schedule and record patient information.

He was interested when payers began sending **notices** with **payments** encouraging him to inquire about electronic billing. But when he did, he says, "they all... byte for sending a data file over a network.

UB92: A standard for electronic hospital **claims** developed by the **Health Care Financing Administration**.

VAN: value-added network. A computer system that uses electronic mailboxes to store...

31/3,K/16 (Item 1 from file: 621)
DIALOG(R)File 621: Gale Group New Prod.Annou.(R)
(c) 2009 Gale/Cengage. All rights reserved.

01766989 Supplier Number: 53335051 (USE FORMAT 007 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative.
Business Wire, p1391
Dec 2, 1998
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 541

... an ATM machine. The PIN number prevents a physician, clerk, or criminal syndicate from filing **claims** without the **patient's** review and helps decrease illegitimate claims and unlawful claim items from being added to...

...recently completed Pilot program in Indianapolis, 99.96% of RealMed's claims were received error-**free** by the payer, in real-time.)

RealMed's e-commerce solution also protects the healthcare...

...are built into the RealMed system to operate in all instances when RealMed resolves a **healthcare claim**.
For more information, go to www.realmed.com.

RealMed Corporation, based in Indianapolis, Ind. is a **healthcare claims** resolution company that provides the nation's first on-the-spot, computerized claim resolution and payment system. The RealMed Network is designed to re-engineer and streamline both the **medical claims** and the payment processing systems used throughout the trillion-dollar U.S. healthcare industry, while...

31/3,K/18 (Item 2 from file: 636)
DIALOG(R)File 636: Gale Group Newsletter DB(TM)
(c) 2009 Gale/Cengage. All rights reserved.

01939307 Supplier Number: 43418874 (USE FORMAT 7 FOR FULLTEXT)
Why ANSI Is Antsy To Develop On-Line Processing Standards
Automated Medical Payments News, pN/A
Nov, 1992
Language: English Record Type: Fulltext

Document Type: Newsletter; Trade
Word Count: 786

... out to define the type of data processing code needed for switching an on-line **healthcare** transaction. Unlike batch claims processing, on-line claims processing requires providers and payers to exchange...

...needed because current payer billing information demands are producing on-line electronic claims processing gridlock.

Healthcare insurance companies are notorious for demanding that providers submit the same electronic claim form, but...

...or their interpretation of the ANSI code. In Florida, for instance, the average physician sends **claims** to nearly 200

healthcare payers annually. Yet it is not uncommon for each insurance company to have its own...

...the same electronic claim form to all payers, but one insurance company may demand the **claim** contain detailed

medical procedure coding, while another payer may request a different provider identification number.

"If every payer...

...national on-line networks using common data processing standards.

Already a number of major electronic **claims** processors,

including the **Health Care** Financing

Administration, the National Electronic Information Corp. and the Blue

Cross and Blue Shield Association...

31/3,K/19 (Item 1 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)
(c) 2009 Gale/Cengage. All rights reserved.

06675724 Supplier Number: 55879347 (USE FORMAT 7 FOR FULLTEXT)
Enforcements.
Insurance Accounting, v10, n37, p1
Sept 27, 1999
Language: English Record Type: Fulltext
Document Type: Newsletter; Trade
Word Count: 751

... to put corrective measures in place to avoid future violations.

Total Fines: \$2,600

United **Healthcare**

Failed to pay **claims** promptly

and agree to put **corrective** measures in place to avoid future violations.

Total Fines: \$1,700

Excellus

Failed to pay...

31/3,K/20 (Item 2 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)
(c) 2009 Gale/Cengage. All rights reserved.

06107758 Supplier Number: 53690912 (USE FORMAT 7 FOR FULLTEXT)
Banks overcome most euro hiccups.
European Banker, pNA
Feb, 1999
Language: English Record Type: Fulltext
Document Type: Newsletter; Trade
Word Count: 702

(USE FORMAT 7 FOR FULLTEXT)

ABSTRACT:

TEXT:

...offices outside Germany, creating a bottleneck in Frankfurt. SWIFT, the financial messaging system, had to **send** its members a **notice** clarifying how **payment** orders should be **filled** out because of confusion created by errors in payments orders. The other big issue for...

31/3,K/21 (Item 3 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)
(c) 2009 Gale/Cengage. All rights reserved.

05983109 Supplier Number: 53335051 (USE FORMAT 7 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative.
Business Wire, p1391
Dec 2, 1998
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 541

... an ATM machine. The PIN number prevents a physician, clerk, or criminal syndicate from filing **claims** without the **patient's** review and helps decrease illegitimate claims and unlawful claim items from being added to...

...recently completed Pilot program in Indianapolis, 99.96% of RealMed's claims were received error-**free** by the payer, in real-time.)

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31/3,K/22 (Item 1 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

11501558 SUPPLIER NUMBER: 57594849 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Market Source.
Health Management Technology, 20, 10, 60
Nov, 1999
ISSN: 1074-4770 LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 1903 LINE COUNT: 00175

... the 997 Functional Acknowledgement, which is the electronic report generated by Medicare each time a **healthcare** provider submits electronic **claims** for payment. The 997 is much more than a simple receipt-it provides feedback about the **accuracy** of each claim. For example, if a **claim** contains a coding **error**, the 997 lists the problem, allowing staff to correct and resubmit problem claims almost immediately...

...for healthcare information exchange, which together will automatically interpret and translate medical procedures into any **medical claims** coding format or method required by the claims payer.--CitX Corp.
For more information circle...

31/3,K/23 (Item 2 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
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10711396 SUPPLIER NUMBER: 53450270 (USE FORMAT 7 OR 9 FOR FULL TEXT)
The insurance refund request: a legal analysis.
Rollman, Sarah O.
Healthcare Financial Management, 52, 12, 52(3)
Dec, 1998
ISSN: 0735-0732 LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 2144 LINE COUNT: 00173

... because of the mistaken payment, cannot have induced the mistaken payment, and cannot have had **notice** of the mistaken **payment**.(n) These conditions mean that the healthcare provider was an innocent third party in that...

...that led to the overpayment, says simply that the provider should submit an accurate claim. **Submitting** an inaccurate claim essentially is making a misrepresentation. A misrepresentation, whether intentional or negligent, constitutes...refund the payment because the provider had had no part in inducing the mistaken payment.

Notice of the mistaken payment.

Finally, the provider cannot have known (had **notice**) before receiving **payment** that the insurer was not obligated to pay the mistaken or inaccurate claim. For example...
...a claim, such as that the claim form is missing necessary information or that the **medical** necessity of a **claim** has not been evaluated. Because the insurer knows (or should know) that it cannot fully...

31/3,K/25 (Item 4 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

(c) 2009 Gale/Cengage. All rights reserved.

10123661 SUPPLIER NUMBER: 20426469 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Obstacles to ubiquity: EDI's slow acceptance. (electronic data interchange
in the health care industry) (includes related articles on Blue Cross
Blue Shield of Massachusetts' use of EDI, on a social worker's use of
InStream's Therapist Helper electronic commerce software, and on EDI
terminology) (Technology Information)
Cupito, Mary Carmen
Health Management Technology, v19, n4, p30(5)
March, 1998
ISSN: 1074-4770 LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 3867 LINE COUNT: 00314

... users who are less sophisticated have a higher percentage of
expenses."

Historically, EDI systems in **health** care focused
on claims payment. They worked in one direction, from provider to payer.
Almost...will enable business partners to share information electronically.

But the adoption of EDI in health **care**
claims processing remains low. Weinberger and other
members of clearinghouses are betting that when health organizations...use
the systems free interactive telephone system. They use touch-tone phones
to electronically submit **claims**, verify
patient eligibility for the company's indemnity and
managed care plans, request and verify referrals and...

...payments, keep his schedule and record patient information.

He was interested when payers began sending
notices with **payments** encouraging him
to inquire about electronic billing. But when he did, he says, "they all...
byte for sending a data file over a network.

UB92: A standard for electronic hospital **claims**
developed by the **Health Care**
Financing Administration.

VAN: value-added network. A computer system that uses electronic
mailboxes to store...

31/3,K/26 (Item 5 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
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07221179 SUPPLIER NUMBER: 15068645 (USE FORMAT 7 OR 9 FOR FULL TEXT)
1994 market directory issue: more than 600 information technology company
listings. (vendors of health technology-related products and services,
organizations and events) (Directory)
Health Management Technology, v15, n3, p14(113)
Feb 15, 1994
DOCUMENT TYPE: Directory LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT;
ABSTRACT
WORD COUNT: 69033 LINE COUNT: 06228

... Market a turnkey system to provide practice management and managed

care functions including electronic claims **submission**, appointment scheduling, medical records. Report writer, billing, financial, referral, interface for hospital HIS.

Quick Notes...150 provider groups in nine states use EZ-CAP. EZ-CAP processes HMO patient claims **and** encounters, treatment authorizations, validates patient eligibility and benefits, calculates capitation payments, writes checks and produces...Spotcheck Elec. Verification System Primary Application: Electronic Download, Editing and Submission of all healthcare claims **to all** payers Hardware/Operating System: PC-based, LAN, DOS 5.0 or higher

StellarNet designs, develops, implements and supports software and electronic data interchange services for submitting healthcare claims, **workers' compensation** claims and **reports** to all payers and reviewers. ...Application: Integrated hospital information systems, laboratory & radiology systems, patient care, patient accounting, pharmacy, medical records, **electronic** claims processing, **EDI**, eligibility verification

Hardware/Operating System: Stratus XA/R Continuous Processing Systems, with FTX (industry-standard...

31/3,K/27 (Item 6 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

06711705 SUPPLIER NUMBER: 14361805 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managing P/C health care costs. (property/casualty)
Hatherley, James A.
Best's Review - Life-Health Insurance Edition, v94, n4, p47(3)
August, 1993
ISSN: 0005-9706 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 2125 LINE COUNT: 00180

... which can control medical costs without sacrificing quality care. Seventy percent of incoming workers' compensation **claims** involve **medical** care only. Programs and procedures that reduce bills to the appropriate charges or that target...or discovered through litigation, leaving no opportunity to control or influence medical costs or other **damages**. Even when a **claim** is promptly reported, the claimant has the **right** to pursue the level of medical care consistent with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.

Because damages arising from general liability **claims** are fault-based, **medical** costs become part of the overall damages and are adjusted and paid when the case ...

31/3,K/28 (Item 7 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
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06486740 SUPPLIER NUMBER: 13855790 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managing P/C health care costs. (property and casualty)
Hatherley, James A.
Best's Review - Property-Casualty Insurance Edition, v94, n2, p47(3)
June, 1993
ISSN: 0161-7745 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 2160 LINE COUNT: 00183

... which can control medical costs without sacrificing quality care.
Seventy percent of incoming workers' compensation **claims**
involve **medical** care only. Programs and procedures that
reduce bills to the appropriate charges or that target...or discovered
through litigation, leaving no opportunity to control or influence medical
costs or other **damages**. Even when a
claim is promptly reported, the claimant has the
right to pursue the level of medical care consistent
with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.
Because damages arising from general liability
claims are fault-based, **medical** costs
become part of the overall damages and are adjusted and paid when the case
...

31/3,K/29 (Item 8 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

05084389 SUPPLIER NUMBER: 09312446 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Credit balances can trip up a provider's accounting.
Rode, Dan
Healthcare Financial Management, v45, n1, p90(2)
Jan, 1991
ISSN: 0735-0732 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT
WORD COUNT: 1169 LINE COUNT: 00123

... response to a U.S. Senate investigation of revenue recovery firms,
HFMA noted that a **patient** bill or
claim was covered by a professional obligation stated in
the HFMA Code of Ethics, "Striving for...

...eliminate the problem, but much of the information providers receive
does not allow providers and **claims** payers to process
error-free claims.
At the least, **patient** accounting departments should
establish a procedure and schedule for addressing credit balances, taking
care to...

31/3,K/30 (Item 9 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

04506617 SUPPLIER NUMBER: 08329023 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Applying the brakes to medical casualty costs.
Gots, Ronald E.
Best's Review - Property-Casualty Insurance Edition, v90, n10, p50(3)

Feb, 1990
ISSN: 0161-7745 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT
WORD COUNT: 2481 LINE COUNT: 00209

... relatively ineffective claims approaches to combat these new pressures, thereby exacerbating the situation.

The independent **medical** examination, one such claims approach, is a tool of occasional but limited value. It is...

...accident, justifying endless care for what was, at most, a minimal and transient aggravation. Thus, **medical claims** in the casualty settings are often ill-founded from the start because the condition was...of clinical practice, a field foreign to most IME physicians.

LOOKING FOR ANSWERS

The casualty **medical claims** industry is besieged by market forces which have institutionalized wasteful **medical claims** practices that lead to premium increases. Increased use of IME physicians is clearly not a... insured event.

RONALD E. GOTS, M.D., Ph.D., a previous contributor, is president of **Medical Claims** Review Services, Bethesda, Md.

31/3,K/31 (Item 1 from file: 20)
DIALOG(R)File 20: Dialog Global Reporter
(c) 2009 Dialog. All rights reserved.

10479956 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Insurance pays off for skier
CANBERRA TIMES , CT ed, p12
April 10, 2000
JOURNAL CODE: WCTS LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 372

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... company was no longer the insurer dealing with the matter. The staff said they would **pass the completed< / B& claim forms and medical certificate to the correct company.**

There was confusion each time she telephoned the new company...

31/3,K/35 (Item 5 from file: 20)
DIALOG(R)File 20: Dialog Global Reporter
(c) 2009 Dialog. All rights reserved.

03630165 (USE FORMAT 7 OR 9 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative
BUSINESS WIRE
December 02, 1998
JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 569

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... an ATM machine. The PIN number prevents a physician, clerk, or criminal syndicate from filing claims without the patient's review and helps decrease illegitimate claims and unlawful claim items from being added to...

... recently completed Pilot program in Indianapolis, 99.96% of RealMed's claims were received error-free by the payer, in real-time.)

RealMed's e-commerce solution also protects the healthcare...

... are built into the RealMed system to operate in all instances when RealMed resolves a healthcare claim.

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31/3,K/36 (Item 6 from file: 20)
DIALOG(R)File 20: Dialog Global Reporter
(c) 2009 Dialog. All rights reserved.

01212975 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Texas' MedQuest Helps Physicians Cure Ills of Insurance Claims, Billing
Jim Fuquay
KRTBN KNIGHT-RIDDER TRIBUNE BUSINESS NEWS (FORT WORTH STAR-TELEGRAM, TEXAS
)
March 23, 1998 14:9
JOURNAL CODE: KFWS LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 872

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... his motto -- "Accuracy. Accuracy. Accuracy." -- haunts the hallways where people and machines sort endless insurance claims forms for medical procedures.

Williams estimates that insurers kick back about 4 percent to 5...

...what those doctors do," Millar says.

Healthfirst also employs a certified medical coder to handle claims for the practice's specialists, which include ear-nose-throat and ob-gyn.

"That's...

...s a premium on getting it right the first time, she says.

More and more medical claims are filed electronically, which holds the promise of faster payment. But the same rules of...

... The 1997 Legislature passed statutes that spell out how long insurers can take to reimburse medical providers.

Error-free claims must be paid within 45 days.

Berven says that in his experience, "all these companies...

31/3,K/37 (Item 1 from file: 625)
DIALOG(R)File 625: American Banker Publications
(c) 2008 American Banker. All rights reserved.

0242279

Enforcements

Insurance Accountant - September 27, 1999; Pg. 1; Vol. 10, No. 37

DOCUMENT TYPE: Newsletter LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 732

TEXT:

...to put corrective measures
in place to avoid future violations.

Total Fines: \$2,600

United Healthcare

Failed to pay claims promptly and
agree to put corrective measures

in place to avoid future violations.

Total Fines: \$1,700

Excellus

Failed to pay...

31/3,K/39 (Item 1 from file: 47)
DIALOG(R)File 47: Gale Group Magazine DB(TM)
(c) 2009 Gale/Cengage. All rights reserved.

06006549 SUPPLIER NUMBER: 70368452 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Interlibrary Loan and Resource Sharing Products: An Overview of Current

Features and Functionality.

Jackson, Mary E.

Library Technology Reports, 36, 6, 1

Nov, 2000

ISSN: 0024-2586 LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 80775 LINE COUNT: 06653

... generated. Staff indication of supply, on hold, rejected, or
unfilled requests automatically generates appropriate notices.
Notices may be either printed or sent
electronically. Lending requests can be printed in a locally defined...

...The request, on receipt, is associated with the primary ILL processing
unit. If the request needs to be routed to an
alternative ILL processing unit within the operating environment, the ILL
...in the form and manner desired by the customer. Customizable first and
second overdue notices are produced when desired. Items
to be returned are updated in Clio using a barcode scanner...

...customer may choose to notify patrons by mail or another method.
Clio prints overdue notices for patrons, but the
next release will include the capability of e-mailing overdue notices to...

IV. Text Search Results from Dialog II

show files

File 8: Ei Compendex(R) 1884-2009/Aug W4
(c) 2009 Elsevier Eng. Info. Inc.
File 14: Mechanical and Transport Engineer Abstract 1966-2009/Aug
(c) 2009 CSA.
File 6: NTIS 1964-2009/Sep W2
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(c) 2006 The Thomson Corp
File 7: Social SciSearch(R) 1972-2009/Aug W4
(c) 2009 The Thomson Corp
File 625: American Banker Publications 1981-2008/Jun 26
(c) 2008 American Banker
File 637: Journal of Commerce 1986-2009/Oct 08
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File 455: Drug News & Perspectives 1992-2005/Aug
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File 74: Int.Pharm.Abs 1970-2009/Jun B1
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File 42: Pharm. News Index 1974-2009/Aug W1
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File 149: TGG Health&Wellness DB(SM) 1976-2009/Aug W1
(c) 2009 Gale/Cengage
File 444: New England Journal of Med. 1985-2009/Aug W4
(c) 2009 Mass. Med. Soc.
File 5: Biosis Previews(R) 1926-2009/Aug W5
(c) 2009 The Thomson Corporation
File 73: EMBASE 1974-2009/Aug 31
(c) 2009 Elsevier B.V.
File 155: MEDLINE(R) 1950-2009/Aug 31
(c) format only 2009 Dialog

? ds

Set	Items	Description
S1	4556	(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? - OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR - ERRORLESS OR (ERROR? ? OR MISTAKE?)(2N)FREE))(3N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S2	1350	(COMPLETED OR FINISHED OR FINISH OR COMPLETE OR FILL OR FI- LLED)(5N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR RE- QUEST? ?))
S3	65	(S1:S2)(3N)(SUBMITTING OR SUBMIT OR SEND OR SENDING OR TR- ANSFER OR TRANSFERRING OR FORWARD OR FORWARDING OR PASS OR PA- SSING OR TRANSMIT OR TRANSMITTING)
S4	6823	(DEFECT?? OR FLAW?? OR ERROR OR FAULT?? OR FAIL??? OR IRRE-

GULAR??? OR IMPERFECT??? OR DAMAG???) (3N) (CLAIM? ? OR NOTICE?
 ?(3W) (LOSS OR PAYMENT? ? OR REQUEST? ?))

S5 143 S4(7N) (CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERR-
 OR? ? OR MISTAKE? ?) (2N) FREE OR (CORRECT? OR RIGHT? OR ACCURA-
 ?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?) (2N) FREE))

S6 749 (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
 OR GUARANT?R? ?) (3N) (CLAIM? ? OR NOTICE? ?) (3W) (LOSS OR PAY-
 MENT? ? OR REQUEST? ? OR EXPECTATION? ? OR EXPECT?? OR FIL???)
)

S7 2 S6(7N) (SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR MINICOM-
 PUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN() FRAMES -
 OR (MINI OR MICRO OR SUPER) () COMPUTER? ?)

S8 4 S6(7N) (NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKS-
 TATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)

S9 293162 (MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MU-
 LTI) (3N) (STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR -
 POLICY OR POLICES OR PLAN?)

S10 105335 (SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR
 CORRECT? OR REMED??? OR FULFIL?) (3N) (STRATEG? OR TRAD??? OR R-
 ULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)

S11 73777 (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
 OR GUARANT?R? ?) (3N) (STRATEG? OR TRAD??? OR RULES?? OR REG-
 ULATION? ? OR POLICY OR POLICES OR PLAN?)

S12 16454 (MEDICAL OR HEALTHCARE OR HEALTH() CARE OR PATIENT OR CLINI-
 C?) (3N) CLAIM? ? OR NOTICE? ? (3W) (LOSS OR PAYMENT? ? OR REQUE-
 ST? ?)

S13 16960 AU= (AMAR, A? OR AMAR A? OR AMAR(2N) A? OR STONE, S? OR STONE
 S? OR STONE(2N) S? OR PARK, E? OR PARK E? OR PARK(2N) E? OR P-
 ARK, T? OR PARK T? OR PARK(2N) T?)

S14 0 S13 AND S3

S15 12 S3 AND S4

S16 4 S3 AND S6

S17 8 S3 AND S9

S18 5 S3 AND S10

S19 14 S3 AND S11

S20 4 S7 OR S8

S21 28 S3 NOT PY> 2000

S22 36 S15 OR S16 OR S17 OR S18 OR S19 OR S20

S23 19 S22 NOT PY> 2000

21/3,K/2 (Item 1 from file: 625)
 DIALOG(R) File 625: American Banker Publications
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0189284
 Illinois Sues U.S. Over Priority Status
 Insurance Regulator - October 14, 1996; Pg. 1; Vol. 8, No. 39
 DOCUMENT TYPE: Newsletter LANGUAGE: English RECORD TYPE: Fulltext
 WORD COUNT: 685

TEXT:

...other creditors. When you send a proof of
 claim, and it is ignored, they lose **right** to
submit claims. The
 federal government apparently feels it is not bound by any other
 procedures."

The EPA...

21/3,K/3 (Item 2 from file: 625)
DIALOG(R)File 625: American Banker Publications
(c) 2008 American Banker. All rights reserved.

0151621
* Gun-Shy on Health Care
American Banker - October 21, 1994; Pg. 13; Vol. 159, No. 204
WORD COUNT: 1,610

BYLINE:
By KAREN EPPER

TEXT:
...information on deductibles, co-payment requirements,
and other coverage details. The doctor could then electronically
complete
and **transmit** the **claim** form to the
insurance company, which would in turn
credit the doctor's account.
While...

21/3,K/5 (Item 4 from file: 625)
DIALOG(R)File 625: American Banker Publications
(c) 2008 American Banker. All rights reserved.

0124496
* Banc One To Pioneer Doctor Bill Payment Net
American Banker - March 17, 1992; Pg. 1; Vol. 157, No. 052
WORD COUNT: 649

BYLINE:
By YVETTE D. KANTROW

TEXT:
...details of a cardholder's
insurance coverage. The doctor would then use the terminal to
complete the
insurance **claim** and electronically **transmit**<
/ B> **it to the insurance company.**
The insurance company, in turn, would credit the physician's...

21/3,K/6 (Item 5 from file: 625)
DIALOG(R)File 625: American Banker Publications
(c) 2008 American Banker. All rights reserved.

0021387
Cigna Plans to Offer Telecommunications For Insurance Agents
American Banker - October 18, 1983, Tuesday; Pg. 14
WORD COUNT: 104

TEXT:
...the IVANS telecommunications network.
Initially, agents will have the ability to access various application

and **claim** forms, **complete** them electronically, and **transmit** them to the appropriate office for processing.

There will also be an electronic mail feature...

21/3,K/18 (Item 7 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01428147 SUPPLIER NUMBER: 14343074 (USE FORMAT 7 OR 9 FOR FULL TEXT)
New office technology lets you get more done faster. (office automation for physician's clinic)(includes related articles on how a new computer system helped two surgeons; how to choose a computer-system vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0025-7206 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 3034 LINE COUNT: 00290

... in two weeks or less. By adding a modem to your computer, you can begin **transmitting claims** **right** away, perhaps over one of your office's existing phone lines (see page 54).

"Five...

...edits claims and flags areas where data are missing, so that the staff can make **corrections** before **transmitting** the **claims** to the insurer."

Contact your major insurers for a list of vendors approved to handle

...

21/3,K/19 (Item 8 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01377025 SUPPLIER NUMBER: 14804352 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Supplementary medical insurance benefit for physician and supplier services. (Medicare and Medicaid Statistical Supplement)
Helbing, Charles; Petrie, John T.
Health Care Financing Review, v14, nSUPP, p149(33)
Annual,
1992
PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 5902 LINE COUNT: 00506

... that for services furnished on or after September 1, 1990, a physician or supplier must

complete and **submit** a standard
claim form (specified
by the DHHS Secretary) for Medicare beneficiaries.
No charge may be assessed for...

21/3,K/21 (Item 10 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01099598 SUPPLIER NUMBER: 04138050 (USE FORMAT 7 OR 9 FOR FULL TEXT)
What do pharmacists think about third party? (Drug Topics poll)
Drug Topics, v130, p39(3)
Feb 17,
1986
PUBLICATION FORMAT: Magazine/Journal ISSN: 0012-6616 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Trade
WORD COUNT: 872 LINE COUNT: 00083

... by poll respondents is the rules and regulations they must wade
through in order to **correctly submit**
their **claims** to private third-party programs. A staff
pharmacist at a Southern chain said the sheer...

21/3,K/25 (Item 1 from file: 73)
DIALOG(R)File 73: EMBASE
(c) 2009 Elsevier B.V. All rights reserved.

0073441530 EMBASE No: 1987205564
Measuring and monitoring quality in accounts receivable
Jupp D.A.

Healthcare Financial Management (HEALTHC. FINANC. MANAGE.) (United
States) November 16, 1987, 41/9 (68-70+74)
CODEN: HFMA D ISSN: 0735-0732
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

...quality measurement for the receivable cycle, the financial manager is
able to identify financial risk, **submit** an
accurate claim, and reduce the need
for costly follow-up activity, improving receivables performance for the
hospital.

21/3,K/28 (Item 3 from file: 155)
DIALOG(R)File 155: MEDLINE(R)
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08510409 PMID: 10283373
Measuring and monitoring quality in accounts receivable.
Jupp D A
Healthcare financial management - journal of the Healthcare Financial
Management Association (UNITED STATES) Sep 1987, 41 (9) p68-70, 74,

ISSN 0735-0732--Print Journal Code: 8215859
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

...quality measurement for the receivable cycle, the financial manager is able to identify financial risk, **submit** an **accurate claim**, and reduce the need for costly follow-up activity, improving receivables performance for the hospital.

23/3,K/1 (Item 1 from file: 625)
DIALOG(R)File 625: American Banker Publications
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0189284
Illinois Sues U.S. Over Priority Status
Insurance Regulator - October 14, 1996; Pg. 1; Vol. 8, No. 39
DOCUMENT TYPE: Newsletter LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 685

TEXT:

...Gallanis, general counsel for the office of the special deputy receiver.

Fabe held that federal **claims** against a **failed** insurer may be subordinated under state law to claims of consumers and other policyholders, the...

...checks from being cut and distributed because it is asserting that federal claims are priority **claims** and is **failing** to resolve them, the complaint argues.

To demonstrate the federal government's alleged shirking of...

...other creditors. When you send a proof of claim, and it is ignored, they lose **right** to **submit claims**. The federal government apparently feels it is not bound by any other procedures."

The EPA...

23/3,K/2 (Item 2 from file: 625)
DIALOG(R)File 625: American Banker Publications
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0151621
* Gun-Shy on Health Care
American Banker - October 21, 1994; Pg. 13; Vol. 159, No. 204
WORD COUNT: 1,610

BYLINE:

By KAREN EPPER

TEXT:

...systems were on the front burner of public policy.

Still, the move toward standardization of **insurance-claim** and **payment**

processing will certainly create demand for more automation. And a \$1 trillion industry that reputedly...

...information on deductibles, co-payment requirements, and other coverage details. The doctor could then electronically **complete** and **transmit** the **claim** form to the insurance company, which would in turn credit the doctor's account.

While...

23/3,K/3 (Item 3 from file: 625)
DIALOG(R)File 625: American Banker Publications
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0151487

* Gun-Shy on Health Care

American Banker - September 21, 1994; Pg. 13; Vol. 159, No. 204

WORD COUNT: 1,610

BYLINE:

By KAREN EPPER

TEXT:

...systems were on the front burner of public policy.

Still, the move toward standardization of **insurance-claim** and **payment**

processing will certainly create demand for more automation. And a \$1 trillion industry that reputedly...

...information on deductibles, co-payment requirements, and other coverage details. The doctor could then electronically **complete** and **transmit** the **claim** form to the insurance company, which would in turn credit the doctor's account.

While...

23/3,K/4 (Item 4 from file: 625)
DIALOG(R)File 625: American Banker Publications
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0124496

* Banc One To Pioneer Doctor Bill Payment Net

American Banker - March 17, 1992; Pg. 1; Vol. 157, No. 052

WORD COUNT: 649

BYLINE:

By YVETTE D. KANTROW

TEXT:

...that, about 20% was
to cover administrative and billing costs, such as the handling of
insurance claims and **payment**
reimbursements.

Some banks as well as rival third-party processing companies have
expressed an interest...

...details of a cardholder's
insurance coverage. The doctor would then use the terminal to
complete the
insurance **claim** and electronically **transmit**
/ B> **it to the insurance company.**

The insurance company, in turn, would credit the physician's...

23/3,K/5 (Item 5 from file: 625)
DIALOG(R)File 625: American Banker Publications
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0021387
Cigna Plans to Offer Telecommunications For Insurance Agents
American Banker - October 18, 1983, Tuesday; Pg. 14
WORD COUNT: 104

TEXT:

Cigna Corp.'s agency division has announced **plans** to
offer **insurance** applications to selected sales agents
through the IVANS telecommunications network.

Initially, agents will have the ability to access various application
and **claim** forms, **complete** them
electronically, and **transmit** them to the appropriate
office for processing.

There will also be an electronic mail feature...

23/3,K/6 (Item 1 from file: 637)
DIALOG(R)File 637: Journal of Commerce
(c) 2009 UBM Global Trade. All rights reserved.

BRIEFS
JOURNAL OF COMMERCE (JC) - April 08, 1998
By: From Wire and Staff Reports
Edition: Five Star Section: TRADE Page: 6A
Word Count: 622

... Windows-based trade document software program, developed by PBB to
enable users to create and **transmit** what the company
claims will be **error-free**
;/ B> **documents from a desktop.**

PBB will conduct a companywide test of its Year 200 readiness...

23/3,K/7 (Item 2 from file: 637)
DIALOG(R)File 637: Journal of Commerce
(c) 2009 UBM Global Trade. All rights reserved.

ICC Details Plan for Truck Reform Act
TRAFFIC WORLD (TW) - october 31, 1994
By: by David M. CawthorneSpecial to Traffic World
Section: COVER Page: 15
Word Count: 494

...traffic.

By proposing a specific rate to a shipper, the commission said, carriers lose their **right to submit** undercharge **claims** unless they specifically state that a higher, collectively set rate is on file at the...

... now simply must show they comply with the ICC's fit, willing and able standard, **comply** with DOT safety **regulations**<
;/ B> **and have insurance on file at the agency.**

The ICC also said it will shortly propose a new...

23/3,K/9 (Item 4 from file: 637)
DIALOG(R)File 637: Journal of Commerce
(c) 2009 UBM Global Trade. All rights reserved.

Computer Viruses Mushroom; But Insurance Is Rarely Used to Cover Damage
JOURNAL OF COMMERCE (JC) - June 03, 1991
By: RUSS BANHAM Journal of Commerce Special
Section: SPEC Page: 7A
Word Count: 923

TEXT:

Computer viruses are spreading rapidly, but most companies appear reluctant to file **insurance claims** covering their **loss**, say **insurance** and **computer** experts.

While viruses are covered under standard electronic data-processing insurance policies, most companies rarely...

CAPTION:

23/3,K/10 (Item 1 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01846140 SUPPLIER NUMBER: 55182368 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Children's Preventive Care Use Under Two Mature Medicaid Managed Care Plans in California.
Lo Sasso, Anthony T.; Gavin, Norma I.; Freund, Deborah A.
Health Care Financing Review, 19, 4, 69

Summer,
1998

PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional; Trade
WORD COUNT: 6990 LINE COUNT: 00753

... spans a period through the early 1990s, our results are still highly relevant to current **policy** discussions, because **many** States are only now implementing new managed care program,; and may gain insight from the...Tape and pseudo-claims files, we could not count services for which providers did not **submit a claim** and/or **fill** out the appropriate paperwork. Site visit interviews with providers reveal that this does occur (Research...

23/3,K/11 (Item 2 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01532574 SUPPLIER NUMBER: 14401180 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Checkup on health insurance choices. (Pamphlet)
Pamphlet by: U.S. Department of Health and Human Services, p1A(21)
Dec,
1992
DOCUMENT TYPE: Pamphlet PUBLICATION FORMAT: Pamphlet LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 5609 LINE COUNT: 00459

... children or no children--read this booklet to find out how to choose a health **insurance plan** that best meets your needs and your pocketbook.
Definitions of health insurance terms that you...

...you.
You're not alone. Many people have questions about how to select a health **insurance plan**. This booklet will help you find some answers.
Health insurance is one of your most...

...the employer pays part or all of the cost.
Some employers offer only one health **insurance plan**. Some offer a choice of plans--a fee-for-service plan, a health maintenance organization...

...labor union, professional association, club, or other organization you belong to. Many organizations offer health **insurance plans** to members.

Individual **Insurance**
If your employer does not offer group insurance, or if the insurance offered is very...

...get a noncancellable policy (also called a guaranteed renewable policy), then you will receive individual **insurance** under that **policy** as long as you keep paying the monthly premium.
The insurance company can raise the...

...money you must pay each year to cover your medical care expenses before

your insurance **policy starts** paying.

Exclusions--Specific conditions or circumstances for which the policy will not provide benefits.

HMO...

...costs, use, and quality of the health care system. All HMOs and PPOs, and many **fee**-for-service plans, **have** managed care.

Maximum out-of-pocket--The most money you will be required pay a...

...Preexisting Condition--A health problem that existed before the date your insurance became effective. Many **insurance plans will** not cover preexisting conditions. Some will cover them only after a waiting period.

Premium--The...

23/3,K/12 (Item 3 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01484745 SUPPLIER NUMBER: 15613604 (USE FORMAT 7 OR 9 FOR FULL TEXT)

How to get a deal in a dental plan. (using dental health maintenance organizations)

Clark, Jane Bennett

Kiplinger's Personal Finance Magazine, v48, n8, p104(2)

August,

1994

PUBLICATION FORMAT: Magazine/Journal ISSN: 1056-697X LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Consumer; Trade

WORD COUNT: 1524 LINE COUNT: 00123

...ABSTRACT: coverage for employees. Because premiums can be 30% below conventional planes, employers favor them. Other

insurance plans are described and tips on selecting them are provided.

... the yearly benefit is rarely capped.

OTHER CHOICES. Before you sign up for any dental

insurance plan, compare the most

popular employer offerings:

* Direct-reimbursement plans. These reimburse the patient a fixed...

...claims to save money

If you're like most people filing insurance claims, you either

submit each **claim**

right away or stick a bunch in a folder and shoot them

all off at one...

23/3,K/13 (Item 4 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01428147 SUPPLIER NUMBER: 14343074 (USE FORMAT 7 OR 9 FOR FULL TEXT)

New office technology lets you get more done faster. (office automation for physician's clinic)(includes related articles on how a new computer

system helped two surgeons; how to choose a computer-system vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0025-7206 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 3034 LINE COUNT: 00290

... types of surgery.
A good software package can also break out extra information about each **insurance plan**--such as whether there's a deductible or copayment, how much it is, where to...

...in two weeks or less. By adding a modem to your computer, you can begin **transmitting claims** right away, perhaps over one of your office's existing phone lines (see page 54).
"Five...
...edits claims and flags areas where data are missing, so that the staff can make **corrections** before **transmitting** the **claims** to the insurer."

Contact your major insurers for a list of vendors approved to handle

...

23/3,K/14 (Item 5 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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01100565 SUPPLIER NUMBER: 04369821 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Of bungled bills and clumsy claims handling.
Nelson-Horchler, Joani
Industry Week, v230, p33(2)
Sept 1,
1986
PUBLICATION FORMAT: Magazine/Journal ISSN: 0039-0895 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Trade
WORD COUNT: 1492 LINE COUNT: 00138

... a Pittsburgh-based consultant with Towers, Perrin, Forster & Crosby (TPF&C). He audits companies' health-
insurance plans not only to make sure that hospital bills are accurate, but also to: Verify claimants...paid him \$1. He had been paid over four months previously. Postage to deny the **claim**, then **send a correction**, mail the check to the doctor, and (eventually) have him return it to me amounts to 88[.
"I discovered that a **claim** had been erroneously **filed** with the secondary **insurer**. I called to warn them so they could catch it and deny it. I got...

23/3,K/15 (Item 6 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
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00800334 SUPPLIER NUMBER: 14401180 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Checkup on health insurance choices. (Pamphlet)
Pamphlet by: U.S. Department of Health and Human Services, p1A(21)
Dec,
1992
DOCUMENT TYPE: Pamphlet PUBLICATION FORMAT: Pamphlet LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 5609 LINE COUNT: 00459

... children or no children--read this booklet to find out how to
choose a health **insurance plan** that
best meets your needs and your pocketbook.
Definitions of health insurance terms that you...

...you.
You're not alone. Many people have questions about how to select a
health **insurance plan**. This booklet
will help you find some answers.
Health insurance is one of your most...

...the employer pays part or all of the cost.
Some employers offer only one health **insurance
plan**. Some offer a choice of plans--a fee-for-service
plan, a health maintenance organization...

...labor union, professional association, club, or other organization you
belong to. Many organizations offer health **insurance
plans** to members.
Individual **Insurance**
If your employer does not offer group insurance, or if the insurance
offered is very...

...get a noncancellable policy (also called a guaranteed renewable policy),
then you will receive individual **insurance** under that
policy as long as you keep paying the monthly premium.
The insurance company can raise the...

...out. But it doesn't protect you from losing coverage.
Before you buy any health **insurance
policy**, make sure you know what it will pay for . . .
and what it won't.
To find out about individual health **insurance
plans**, you can call **insurance**
companies, HMOs, and PPOs in your community, or speak to the agent who
handles your...that offer protection for only one disease, such as cancer.
if you already have health **insurance**, your regular
plan probably already provides all the coverage you
need.

...cost.
Preexisting Condition--A health problem that existed before the date
your insurance became effective. **Many
insurance plans** will not cover
preexisting conditions. Some will cover them only after a waiting period.

Premium...

23/3,K/16 (Item 1 from file: 444)
DIALOG(R)File 444: New England Journal of Med.
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00118762

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Paying More Fairly for Medicare Capitated Care (Sounding Board)

Iezzoni, Lisa I.; Ayanian, John Z.; Bates, David W.; Burstin, Helen R.
The New England Journal of Medicine
Dec 24, 1998; 339 (26),pp 1933-1938
LINE COUNT: 00402 WORD COUNT: 05549

TEXT

...higher payments for patients with leukemia. Adjusting payments to reflect the financial risks associated with **various** conditions should make **plans** more willing to enroll chronically ill persons and to reimburse physicians more fairly for caring
...Data

Although clinical risk adjustment could make capitated Medicare payments more equitable, HCFA's current **plans** present **many** challenges and ironies. At the outset, payment levels among diagnostic groups are derived from fee...

...to improve reimbursement dogged early implementation of hospital payments based on diagnosis-related groups, until **various regulations** were implemented (e.g., attestation requirements and validation of coding by peer-review organizations). (Ref...objectives and recognition of the problems of generating data and ensuring their quality. (Ref. 34)
Several of the health **plans** in California dropped out for a variety of reasons, including concern about poor information systems...

...small, and rural health plans. It also offers the secondary advantage of encouraging plans to **submit complete claims** information, which is a prerequisite for a system of risk adjustment based on all diagnoses...

CITED REFERENCES

- ...Rev 1995;16(4):189-99.
30. Bertko J, Hunt S. Case study: the Health **Insurance Plan** of California. Inquiry 1998;35:148-53.
31. Tollen L, Rothman M. Case study: Colorado...

23/3,K/17 (Item 2 from file: 444)
DIALOG(R)File 444: New England Journal of Med.
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00109124

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A Randomized Trial Of Treatment Options For Alcohol-Abusing Workers
(Special Article)

Walsh, Diana Chapman; Hingson, Ralph W.; Merrigan, Daniel M.;
Levenson, Suzette Morelock; Cupples, L. Adrienne; Heeren, Timothy;
Coffman, Gerald A.; Becker, Charles A.; Barker, Thomas A.; Hamilton,
Susan K.; McGuire, Thomas G.; Kelly, Cecil A.
The New England Journal of Medicine
Sep 12, 1991; 325 (11),pp 775-782
LINE COUNT: 00605 WORD COUNT: 08359

TEXT

...Archival data were collected from the records of the employee-assistance
program and the hospital, **insurance**-carrier
claims files, and a
computerized payroll system maintained at the plant. As
Table 1 shows, we divided outcome variables into...

23/3,K/18 (Item 3 from file: 444)
DIALOG(R)File 444: New England Journal of Med.
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00106357
Copyright 1989 by the Massachusetts Medical Society

Health Care Rationing Through Inconvenience: The Third Party's Secret
Weapon (Sounding Board)

Grumet, Gerald W.
The New England Journal of Medicine
Aug 31, 1989; 321 (9),pp 607-611
LINE COUNT: 00381 WORD COUNT: 05262

TEXT

...**Many strategies** for the
containment of medical costs have emerged from systems of managed care --
gatekeeping by...of procedures, terms, codes, or acronyms, fostering a
sense of alienation and unfamiliarity with the **insurance**
plan and its benefits. Sociologist Max Weber, who
popularized the concept of bureaucracy, noted that professional...

...their motives and technical expertise. This tendency can be seen in the
rarefied terminology of **insurance**
planners -- ``corridor deductibles," ``disbursed
self-funded plans," ``cost-offset effects," ``per cause plans," and so
forth...a claims review into a clinical review. A newsletter from Group
Health Incorporated notes: When **submitting**
claims for a **complete** Pulmonary
Function Study . . . please attach a copy of the test results to the claim
form...

...programs and protocols of third-party payers have a strong tilt toward
inhibition when approving **claims**. As with the
fail-safe system for launching nuclear weapons, any one
of a large number of negative conditions...period, a survey of 245
California patients found that those who subscribed to a prepaid

insurance plan became disenchanted
with the level of access to care, as compared with fee-for-service...

23/3,K/19 (Item 1 from file: 155)
DIALOG(R)File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rights reserved.

13586879 PMID: 10621049
Submitting error-free claims.
Zimmet M; Rosenfield S B
Contemporary longterm care (UNITED STATES) Sep 1999, 22 (9) p23,
ISSN 8750-9652--Print Journal Code: 8508328
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Submitting error-free claims.

V. Text Search Results from Dialog

A. Abstract Databases

show files

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(c) 2009 ProQuest Info&Learning
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(c) 2009 CSA.
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File 139: EconLit 1969-2009/Aug
(c) 2009 American Economic Association

? ds

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S7	23	S6(7N)(SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR MINICOMPUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN() FRAMES - OR (MINI OR MICRO OR SUPER)()COMPUTER? ?)
S8	22	S6(7N)(NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKSTATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)
S9	299260	(MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MULTI)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR - POLICY OR POLICES OR PLAN?)
S10	111770	(SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR CORRECT? OR REMED??? OR FULFIL?)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S11	50938	(INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY OR GUARANT?R? ?)(3N) (STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
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S14	5	S13 AND S1
S15	34	S3 AND S4
S16	27	S3 AND S5
S17	3	S3 AND S6
S18	27	S7 OR S8

S19 141 (S1:S2) AND S9
 S20 18 S19 AND S10
 S21 3 S19 AND S11
 S22 5 S19 AND S12
 S23 86 S15 OR S16 OR S17 OR S18 OR S20 OR S21 OR S22
 S24 11 S23 NOT PY>2000
 S25 15 S3 NOT PY>2000
 S26 0 S12 AND S14

27/3,K/5 (Item 5 from file: 350)
 DIALOG(R)File 350: Derwent WPIX
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0003013729
 WPI ACC NO: 1984-101215/198416
 Patient medical insurance verification and processing system - entering
 into local terminal patent service code and transmitting to central
 computer which uses code to determine claim payment
 Patent Assignee: PRITCHARD L E (PRIT-I)
 Inventor: PRITCHARD L E
 Patent Family (3 patents, 14 countries)
 Patent Application

Number	Kind	Date	Number	Kind	Date	Update
WO 1984001448	A	19840412	WO 1983US1480	A	19830927	198416 B
EP 120077	A	19841003	EP 1983903333	A	19830927	198440 E
US 4491725	A	19850101	US 1982426982	A	19820929	198503 E

Priority Applications (no., kind, date): US 1982426982 A 19820929

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing	Notes
WO 1984001448	A	EN	45	10		

 National Designated States,Original: DK FI JP
 Regional Designated States,Original: AT BE CH DE FR GB LU NL SE
 EP 120077 A EN
 Regional Designated States,Original: AT BE CH DE FR GB LI LU NL SE
 Original Publication Data by Authority

Argentina

Assignee name & address:
 Original Abstracts:
 ...is then utilized to determine the insurance claim payment for that
 particular patient service. The claim
payment amount for the **medical**
service is then transmitted back to
 the local entry **terminal** for use by the service provider
 and patient. The service provider and patient can then...
 Claims:

27/3,K/9 (Item 1 from file: 583)
 DIALOG(R)File 583: Gale Group Globalbase(TM)
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09289571

Baltimore wins keys contract for Medicare

AUSTRALIA: BALTIMORE BAGS GOVERNMENT DEAL

The Australian (XAA) 09 May 2000 p.37

Language: ENGLISH

... based information in a secure and protected environment. The technology also enables medical staffs to **fill** and **submit** their Medicare **claim** in easier and faster way. Baltimore is the first foreign firm to secure the deal...

27/3,K/10 (Item 2 from file: 583)

DIALOG(R)File 583: Gale Group Globalbase(TM)

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09084324

Cable & Wireless PLC

US: MCI WORLDCOM SUED BY CABLE & WIRELESS

Wall Street Journal Europe (WSJ) 06 Apr 1999 p.5

Language: ENGLISH

...is being taken to court in the US by Cable & Wireless of the UK over **claims** that it **failed** to **complete** the **transfer** of Internet business to the UK company. Cable & Wireless acquired MCI's Internet assets in...

27/3,K/11 (Item 3 from file: 583)

DIALOG(R)File 583: Gale Group Globalbase(TM)

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06583417

Strakhovshchiki boyatsya klientov

RUSSIA: INSURERS FORM SECURITY ASSOCIATION

Kommersant-Daily (XFL) 11 Feb 1998 p.11

Language: RUSSIAN

... insurance companies have established a security association in order to prevent losses caused by illegal **insurance** reimbursement **claims**. For example, **insurance** **payments** to unscrupulous **clients** accounted for about 10% of total US\$ 3 mn payments in 1996. Among members of...

27/3,K/13 (Item 5 from file: 583)

DIALOG(R)File 583: Gale Group Globalbase(TM)

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06508566

Insurers act to stop claims over millenium bomb

UK: INSURERS PROTECT THEMSELVES FROM MILLENNIUM

Financial Times (FT) 20 Aug 1997 p.16

Language: ENGLISH

... of claims resulting from the millennium. Cornhill Insurance, who underwrites extended warranties, is the first **insurance** company to limit **claims** from the **expected** disruption to **computer** clocks and certain other electrical goods. Insurance companies are also concerned that commercial companies will...

27/3,K/14 (Item 6 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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05905032
Insurance fraud faces crackdown
UK: ABI SYSTEM TO COMBAT INSURANCE FRAUD
The Independent (TI) 20 Nov 1993 p.47
Language: ENGLISH

The Association of British Insurers (ABI) has established a **computer**-based system aimed at reducing fraudulent **insurance claims**. The Comprehensive **Loss** Underwriting Exchange (Clue) will record household insurance claims (later this will be extended to motor...

27/3,K/15 (Item 7 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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02852284
INTERNATIONAL AIRCRAFT UPGRADE CONSIDERED
US/EUROPE - INTERNATIONAL AIRCRAFT UPGRADE CONSIDERED
Aviation Week & Space Technology (AVW) 31 July 1989 p71-78
ISSN: 0005-2175

... known as Sextant Avionics, has been set up by. Crouzet, Aerospatiale, SFENA and Thomson-CSF **claim** they can jointly **submit** a **complete** line of products for any modernisation programme, including displays, sensors, communications equipment visualization and navigation...

27/3,K/22 (Item 5 from file: 474)
DIALOG(R)File 474: New York Times Abs
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00052102 NYT Sequence Number: 052100691007
(NYC Planning Comm drafts zoning change aimed at restoring some measure of profit to business of owning landmark; will allow owner of landmark to build larger structures on nearby plots than law normally allows; added profit he would make through zoning change is intended to compensate for loss of not being able to alter landmark; 'transfer of development rights' could take place after owner has been prevented by Landmarks Preservation Comm from developing site of landmark by either demolishing structure or building above it; comm's counsel Norman Marcus says change may also weaken upcoming suit by Penn Central Co seeking right to erect

office tower atop Grand Central Terminal; proposal is latest in series of steps taken by Lindsay adm to prevent co from erecting structure; Marcus says change will strengthen landmarks law because it will force owner to seek alternative of **transferring** development **rights** before he could **claim** econ hardship; amendment will extend area to any lot in chain owned by same concern; change seen aimed at Penn Central; seen working to its advantage since it is expected that co's properties will be developed fully within next decade; Marcus says in Grand Central area floor area of bldg may not exceed 18 times area of its lot if structure includes plaza; says terminal would be counted as plaza since its floor-area ratio is now 1.5 and remaining 16.5 may be distributed among other sites; notes amenities that may result from change)
New York Times, Col. 4, Pg. 34
Tuesday October 7 1969

...says change will strengthen landmarks law because it will force owner to seek alternative of **transferring** development **rights** before he could **claim** econ hardship; amendment will extend area to any lot in chain owned by same concern...

27/3,K/24 (Item 1 from file: 6)
DIALOG(R)File 6: NTIS
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2148131 NTIS Accession Number: AVA18278-SS00/XAB
Understanding Medicare - A Medicare Program Overview - 1990
Health Care Financing Administration, Washington, DC.
Corp. Source Codes: 053013000
Sponsor: HEALTH CARE FINANCING ADMINISTRATION.
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...a) what is medicare, (b) medicare's hospital insurance, (c) medicare's medical insurance, (d) **submitting** a medical insurance **claim**, (e) your **right** of appeal and (f) where to get answers.